ILLINOIS STATE FAIR CHAMPIONSHIP WESTERN HORSE SHOW Entry must be Postmarked by JUNE 17

Mail Entries To: Illinois State Fair, Western Horse Show, P.O. Box 19427, Springfield, Illinois 62794-9427

For office Back #	e use only ID#	ľ	Name of Hors Class Numbe	e er	Reg. No.	Year Foaled	Sex	Color	Total EntranceFees	Owner's Nane and Address (As it appears on Registration Paper)	Owner's Mem.#	Rider/Handler	Rider/Handler Mem.#	Relationship To Owner

	(\$35.00 each) \$_
	(\$35.00 each) \$_
Entry Fees	\$_
Office Fees	(\$5.00 per horse) \$_
leceipt #	(office use only) Total Enclosed \$_
Make Check	Payable To: Illinois Department of Ag
	(Separate Checks)
ssociation Fees (Al	PHA)
Association Fees (A	QHA)

CONDITION OF ENTRY

By signing this form, I certify that I have received and read the contents of the Premium Book and that I will abide by all applicable rules contained therein, including rules relating to the administration of drugs to animals, and all other rules relating to the Illinois State Fair and the laws and regulation of the State of Illinois.

Signed		_ Date:
	Exhibitor	
Signed		Date:
	Parent and/or Guardian	

I hereby certify that every horse, rider and/or handler is eligible as entered and agree for myself and representative to be bound by the constitution and rules of the AQHA, ApHC, APHA, NRHA, NBHA, CMSA, and this show.

Premium Check To Be Made Payable To:

Name	SS# or FEIN#		
Address			
City	State	Zip Code	
Email Address			
Telephone Number		Date	